### Form USM-218 Detention Facility Review GUIDANCE

The core mission of the United States Marshals Service Detention Facility Review program is to review jail practices to verify basic, minimal requirements are met.

## **Detention Facility Review Standards**

The 51 standards are divided into 6 sections by relevance. Each standard contains a title and defining statement. The 6 sections are:

- A. Administration/Management
- B. Health Care
- C. Security and Control
- D. Food Service
- E. Safety and Sanitation
- F. Services and Programs

The prior USM-218 had standards in 9 functional areas; these have now been reduced to 6 by reorganizing the areas to reduce redundancies. Relevant review standards from the prior USM-218 sections "E" Staff/Detainee Communication, "H" Workforce Integrity, and "I" Detainee Discrimination were relocated into other sections. In order to preserve the organization of data collected from reviews using the prior versions, the current updated USM-218 standards do not use the section letters "E," "H," or "I."

The reviewer should ask the appropriate questions and verify appropriate documentation while seeking out pertinent information for making assessments. For example, if a standard requires that the facility provide adequate medical, dental, and mental health screening as part of the intake process, the reviewer should detail what is generally included in a screening. The reviewer should verify that a facility policy exists for each of the review areas.

Each facility will be assessed for compliance using the following definitions:

- Yes Policies, procedures, and processes are in place to achieve the standard.
- No Procedures and processes are not in place.

Note: If the Standard does not apply to the particular facility the reviewer shall check the N/A (Not-Applicable) box.

### General Guidance for Reviewers: Policy Communication and Review

- 1. Interview high-level staff to ask how policies and procedures are communicated to staff and detainees.
- 2. Verify that adequate information is available via some means of communication (e.g., policy manuals, orientation, procedures, or legal guidelines).
- 3. Check pre-service and in-service training curricula to determine the extent to which staff training addresses the relevant policies and procedures.
- 4. Interview correctional staff and detainees at random to determine the extent of their familiarity with the relevant policies and procedures.
- 5. Review policies and procedures to determine whether there are any indications of regular (at least annual) review and revision.
- 6. Is the facility subject to a state jail accreditation? If so, does the facility have a current accreditation report on file?
- 7. While not required, is the facility accredited and is the facility operating in accordance with standards and policies established by nationally recognized organizations such as American Correctional Association (ACA), American Jail Association (AJA), National Commission on Correctional Health Care (NCCHC), Occupational Safety and Health Administration (OSHA), or National Fire Protection Association (NFPA)?

# **Detention Facility Review**

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FACILITY NAME: FACILITY CODE:

Starr Co Det Ctr 6PX

STREET ADDRESS: 100 E 6th St

CITY: STATE: ZIP CODE: Rio Grande TX 78582

DISTRICT: DISTRICT#: OFFICE:

Texas - Southern 79 McAllen

FACILITY TELEPHONE NUMBER: COUNTY:

956-487-4552 Hidalgo

FACILITY ADMINISTRATOR: TITLE: TELEPHONENUMBER:

(b) (7)(C) Chief of Security 956-487-4552

DETENTION FACILITY CONTACT: TITLE: TELEPHONE NUMBER:

(b) (7)(C) Chief of Security 956-487-4552

USMS DISTRICT POINT OF CONTACT: TITLE: TELEPHONENUMBER: (b) (7)(C), (b) (7)(F)

DUSM

TELEPHONENUMBER: (b) (7)(C)

DOSIN

SHERIFF: SHERIFF EMAIL: none

ST 1770 - 5 1770 D ST 1770 D

CHIEF OF SECURITY: CHIEF OF SECURITY EMAIL:

(b) (7)(C) none

DISTANCE FROM USMS OFFICES (MILES): DRIVING TIME FROM USMS OFFICES USING FACILITY

(HOURS/MINUTES):

41 1/00

# B. Average Daily Detainee Population & Staffing Information

# **DETAINEE POPULATION INFORMATION:**

	ADULT MALE	ADULT FEMALE	JUV. MALE	JUV. FEMALE	TOTAL
FACILITY CAPACITY	220	10	0	0	230
FACILITY AVERAGE DAILY POPULATION	230	0	0	0	230
(Last 12 months)					
USMS BED CAPACITY	130	0	0	0	130
LOCAL/NON-FEDERAL	100	0	0	0	100
BUREAU OF PRISONS (BOP)	0	0	0	0	0
ICE	0	0	0	0	0

# **FACILITY STAFFING INFORMATION:**

## TOTAL STAFF COMPLEMENT

Auth	Filled	Contract
58	0	0

#### SECURITY STAFFING:

# MEDICAL STAFFING:

	#	#
	AUTH	FILLE
CHIEF OF SECURITY	(b)	(7)(E)
SHIFT SUPERVISORS		
OTHER SUPERVISORS		
CORRECTIONS		
OTHER SECURITY		

	# AUTH	# FILLED	CONTRACT
PHYSICIAN	2	0	0
PHYSICIAN'S ASST.	1	0	0
NURSE PRACTITIONER	0	0	0
REGISTERED NURSE	1	0	0
LICENSED PRACTICAL NURSE	1	0	0
OTHER MEDICAL STAFF	2	0	0

C. IGA/Contract & Inspections	, <del></del>		
IGA/CONTRACT # (If applicable):	FACILITY	CODE: 6PX	
TYPE OF INSPECTION:	ACCREDITED BY:		STATE INSPECTION ATTACHED:
□Initial □ Follow Up ☑ Annual	□ACA □ NCCHC ☑ Other		☐Yes ☑ No STATE INSPECTION DATE:
Has an after-action review been conducted duri If yes, what type of incident triggered		□Yes ☑ No □Escape □ Death □ Se	xual Assault □ Jail Conditions
D. Facility Construction Information			

DATE FACILITY WAS CONSTRUCTED: 1/1/1986

WILL ANY PLANNED REMODELING OR CONSTRUCTION AFFECT FACILITY CAPACITY?  $\square$  Yes  $\square$  No IF YES, PLEASE PROVIDE COMMENT:

# E. Serious Incidents In Facility During Previous Calendar Year

PROVIDE NUMBER OF SERIOUS INCIDENTS FOR THE FOLLOWING FIELDS:

SUICIDES: 1	SUICIDE ATTEMPTS: 1
ESCAPES: 0	ESCAPE ATTEMPTS: 0
PHYSICAL ASSAULTS ON PRISONERS: 0	PHYSICAL ASSAULTS ON STAFF: 0
SEXUAL ASSAULTS: 0	RIOTS/DISTURBANCES: 1

# F. Problems/Complaints Affecting Facility During Previous Calendar Year

COURT ORDERS AND PENDING MAJOR LITIGATION AFFECTING FACILITY (Attach copy if available):

No known pending litigation

G. Visual Review of the Facility
LIVING AREA COMMENTS: Prisoner housing areas consists of 4 separate housing units, with each housing unit divided into 4 pods. Each pod contains 24, 2-bed prisoner cells.
SHOWER/TOILET FACILITIES COMMENTS: The shower and toilet areas were maintained and in good working conditions.
DAY ROOM COMMENTS: The day room was clean and maintained properly.
KITCHEN COMMENTS: The kitchen area was clean.
MEDICAL AREA COMMENTS: The medical area was maintained properly and a nurse staffer was on site to address any issues that may have arisen.
RECREATION AREA COMMENTS: There were 2 recreational areas at the facility both were neatly maintained and staffed.
VISITING ROOM COMMENTS: The visiting room was properly maintained.
SPECIAL HOUSING COMMENTS: The facility had multiple special housing units accessible for individuals with special medical necessities.
RECEIVING AND DISCHARGE COMMENTS: The receiving and discharge area was secured and staffed properly.

# H. Review of Detention Facility Conditions

SECTION A: Administration/Management
A.1 Policy Development and Monitoring  Does the facility maintain written policies and procedures that describe all facets of facility operations, maintenance, and administration?  ☑Yes □ No
A.2 Policy Development and Monitoring  Are written policies and procedures communicated to all employees unless security concerns justly limit access?  ☑ Yes □ No
A.3 Personal Property and Monies  Does the facility properly record, store and return to the detainees upon their release personal property and monies?  ☑Yes ☐ No
A.4 Detainee Release  Are detainees only released or transferred with proper orders and notification from the agency of jurisdiction?  ☑Yes □ No
A.5 Accommodations for the Disabled  If the facility accepts detainees with disabilities, are adequate accommodations made available for these detainees?  ☑Yes ☐ No ☐ NA
A.6 Contingency/Emergency Plans  Does the facility have written contingency/emergency plans in place to be followed in situations that threaten facility security? (Sucsituations include but are not limited to riots, hunger strikes, disturbances, escapes, and hostage situations.)  ☑ Yes □ No

 $a. \quad If \text{``yes,'' please list the primary and alternate evacuation sites identified in facility contingency / emergency plans.}$ 

Facility Code	Facility Name	Address	City	State	Zip	Phone Number	Primary/Alternate

Facility Code	Facility Name	Address	City	State	Zip	Phone Number	Primary/Alternate
	taff Background and Refe new employees have initial □ No		e checks before	they are	hired?		
Does th □Yes	taff Re-investigations ne facility conduct periodic ☑ No ne facility only conducts the		yees, contractor	s, and vo	lunteers?		
	eporting/Investigating Sta egations of staff misconduc □ No		d to appropriate	law enf	orcement a	uthorities as appro	priate?
Is disci	iscrimination Prevention rimination on the basis of destances, programs, and activities □ No		ual orientation,	religion	and nationa	al origin prohibited	d in the provision of
Does tl	rison Rape Elimination A ne facility have a PREA co Written policy mandating Prevention and response p Prisoner and employee tra Screening for risk of sexus Reporting and investigation Discipline Medical/mental health ca Auditing Corrective action State compliance	mpliance program that inc g zero tolerance toward all to planning aining and education, all victimization ons				rassment	

b. If yes, provide the date of the audit and upload a copy of the audit report. Audit Date:

SECTION B: Health Care
B.1 Intake Health Screening  Do all detainees receive a medical and mental health screening upon admission to the facility?  ☑Yes □ No
<ul> <li>B.2 Medical, Dental, and Mental Health Appraisals</li> <li>Is a comprehensive health appraisal for each detainee completed within 14-days after arrival at the facility?</li> <li>✓ Yes □ No</li> </ul>
B.3 Access to Routine, Chronic, and Emergency Health Services  Are all detainees informed about how to access health services during the intake/admission process?  ☑Yes □ No
B.4 Response to Medical, Mental, and Dental Health Needs  Are all detainees who require health care beyond the capacity of the facility (as determined by a responsible physician) transferred under appropriate security to a facility where such care is available?  ☑Yes □ No
B.5 Suicide Prevention  Does the suicide prevention program include procedures for the following:  a. Staff training ☑Yes □ No
b. Intake/admission procedures
c. Identifying suicidal prisoners    ☑Yes □ No
d. Referring suicidal prisoners for mental health intervention ☑Yes ☐ No

e. Housing observation and suicide watch
f. Incident review/debriefing    ✓ Yes    No
g.Follow-up monitoring
B.6 Detainee Death  Does the facility have written procedures in place to describe the actions to be taken in the event of a detainee's death, assault or medical emergency to include notification to the agency of jurisdiction?  ☑Yes □ No
B.7 Infectious Disease Is there a written plan which addresses the management and reporting of infectious and communicable diseases including, but not limited to:  a. Tuberculosis       Yes □ No
b.Hepatitis ☑Yes □ No
c. HIV ☑Yes □ No
SECTION C: Security and Control
C.1 Correctional Supervision  Are Correctional officer posts located in or immediately adjacent to inmate living areas to permit officers to see or hear and respond promptly to emergency situations?

☑Yes □ No

<ul> <li>C.2 Security Features</li> <li>Are regular inspections of all security devices conducted?</li> <li>✓Yes □ No</li> </ul>
<ul> <li>C.3 Security Inspections</li> <li>Do supervisory staff conduct regular patrols, including holidays and weekends, of all areas inmates occupy?</li> <li>✓ Yes □ No</li> </ul>
<ul> <li>C.4 Control of Contraband</li> <li>Are there procedures in place to guide searches of facilities and detainees to control contraband and provide for its disposition?</li> <li>☑Yes □ No</li> <li>C.4 1-3 times a week the facility conducts random contraband searches.</li> </ul>
C.5 Detainee Searches  Are procedures in place to guide the search of a detainee's body and attire upon arrival at the facility and prior to transportation out of the facility?  ☑Yes □ No
C.6 Detainee Accountability and Supervision  Does the facility have a system for physically counting detainees that includes strict accountability for detainees being counted outside of their assigned living areas?  ☑Yes □ No
C.7 Use of Force  Does the facility have guidelines to ensure that force is used only when necessary and only as long as necessary? Does the facility also ensure that when force is used, it is not excessive and it is properly documented and reported? $\square$ Yes $\square$ No
<ul> <li>C.8 Use of Force Documentation</li> <li>Does the facility also ensure that when force is used, it is not excessive and it is properly documented and reported?</li> <li>✓ Yes □ No</li> </ul>

C.9 Non-routine Use of Restraints  Does the facility ensure that restraints are used only when necessary? Does the facility also ensure that when restraints are used, they are used appropriately and only for non-punitive purposes?  ☑Yes □ No
C.10Key Control  Is the use of keys controlled and inventoried?  ☑Yes □ No
C.11 Tools and Culinary Equipment Control  Is the use of tools and culinary equipment controlled and inventoried?  ☑Yes □ No
C.12 Weapons Control  Are there written procedures that govern the availability, control, and use of firearms and less than lethal devices?  ☑Yes □ No
C.13 Detainee Discipline  Do detainees receive in writing the institutional rules, penalties for violations of those rules, and the disciplinary procedures in effect at the facility?  ☑Yes □ No
C.14 Supervision for Special Housing  Do correctional officers personally observe special management detainees twice per hour, but no more than 40-minutes apart, on an irregular schedule?  ☑Yes □ No
SECTION D: Food Service
D.1 Sanitation Requirements

Does the facility ensure the food service equipment meet established governmental health and safety codes?

☑Yes ☐ No

<ul> <li>D.2 Adequate and Varied Meals</li> <li>Does the facility provide meals that are nutritionally adequate and varied?</li> <li>✓ Yes □ No</li> </ul>			
SECTION F: Safety and Sanitation			
F.1 Fire Safety  Are annual fire safety inspections conducted by state or local fire officials and documented?  ☑Yes ☐ No			
F.2 Control of Dangerous Materials  Are flammable, toxic, and caustic materials and chemicals maintained in accordance with applicable government regulations?  ☑Yes ☐ No			
F.3 Clothing and Bedding  Are all detainees issued clean temperature appropriate facility clothing?  ☑Yes ☐ No			
F.4 Personal Hygiene Are articles for maintaining proper personal hygiene available to all detainees?  ☑Yes ☐ No			
F.5 Physical Facility and Equipment Is the facility kept clean and in good repair?  ☑Yes ☐ No			
SECTION G: Services and Programs			
G.1 Classification, Review, and Housing  Is there an objective classification process that starts at admission, for managing and separating prisoners, and administering the facility?  ☑Yes □ No			

a. Are federal detainees charged for any of the services (Haircut, Meals, and Medical Co-Pay)? □Yes ☑ No G.1a The facility does not charge detainees for services mentioned above.
G.2 Classification, Review, and Housing  Does the classification process ensure review of a detainee's status, and revision of the detainee's status as needed in response to changes in a detainee's behavior or circumstances?  ☑Yes □ No
a. Have all federal detainees been clearly identified in you classification system as a USMS Detainee? ☑Yes ☐ No
G.3 Religious Practices  Do detainees have the opportunity to participate in the practices of their religious faith (limited only by documentation showing a threato the safety of persons involved in such activity itself or the disruption of order in the facility)?  ☑Yes □ No
G.4 Volunteer Work Assignments  Does the facility ensure that un-sentenced detainees are not required to work unless they volunteer to do so?  ☑Yes □ No
G.5 Detainee Grievance Program Is a grievance procedure available to all detainees and includes at least one level of appeal?  ☑Yes □ No
G.6 Juvenile Needs If the facility houses juvenile detainees for USMS, does the facility ensure that the special diet, exercise, and education needs of juvenile detainees under the age of 18 are met? Does the facility also meet the special education requirements of applicable detainees under the age of 21?  □Yes □ No ☑ NA

G.7 Exercise and Out-of-Cell Opportunities  Does the facility provide detainees with reasonable opportunity for exercise and out-of-cell time?  ☑Yes □ No
G.8 Telephone Access  Are detainees provided with access to telephones?  ☑Yes □ No
G.9 Access to the Courts and Legal Materials  Do detainees have access to the courts?  ☑Yes □ No
G.10Access to Legal Representation and Legal Materials  Do the detainees have confidential access to counsel by?  a. Telephone Communications? ☑Yes ☐ No
b. Uncensored Correspondence? ☑Yes □ No
c. Visits? ☑Yes □ No
<b>G.11Visitation Privileges</b> Is there a detainee visitation program to facilitate the development and maintaining of community ties? $\square$ Yes $\square$ No
G.12Detainee Mail and Correspondence Can detainees send and receive mail and is the confidentiality of privileged correspondence maintained?  ☑Yes □ No

In addition to certifying that the above facility does offer the mandatory services as indicated by the checklist above, I certify that I gave the official listed above the following information regarding the prisoners I have housed there (escape risk, suicide risk, visitation, etc.)

**Monitoring Report Certification** 

PERFORMED BY	(b) (7)(C)	TITLE: Deputy United States Marshal	DATE: 06/01/2018
REVIEWED BY:		TITLE: Senior Inspector	DATE: 06/01/2018
SUBMITTED BY		TITLE: ACDUSM	DATE: ACDUSM

NOTE: Please obtain a copy of all inspection certificates, menus, prisoner handbooks or any other relevant documentation that supports a Detention Facility Review. All supporting documentation should be filed with the corresponding Detention Facility Review. Please do not forward supporting documentation to the Prisoner Operations Division.

## Section A. Distance from USMS Office:

### Tip!

Use the closest USMS office to the facility to calculate the distance.

# Section B. Average Daily Detainee Population & Staffing Information / Detainee Population Information:

## Tip!

- Facility Capacity: Obtain the number of prisoners the facility is designed to hold.
- Facility Average Daily Population: Crowding may cause this number to be larger than the Facility Capacity number.
- USMS Bed Capacity: Bed capacity at the facility for USMS prisoners.
- BOP: Monthly Average.
- ICE: Monthly Average.

# Section C. IGA/Contract & Inspections:

### Tip!

- Facility Code: Each Facility Code requires a separate Detention Facility Review
- Inspection date: Date of your on-site review.

# **Section D. Facility Construction Information:**

### Tip!

- In addition to any planned renovations or new construction, include any changes to the facility which occurred since the date of the Inter-Governmental Agreement
- The Office of Contracts & Agreements, Prisoner Operations Division, reviews this section when considering a facility's request to increase the daily-rate.

## **Section E. Serious Incidents:**

# Tip!

Incident data should be the facility's totals, not just those incidents involving USMS prisoners.

## Section G. Visual Review of the Facility:

# Tip!

• Include a description of the relevant physical layout/features of each facility area. For example: Living Area Comments: "Prisoner housing areas consist of 3 separate housing units, with each housing unit being divided into 2 housing pods. Each housing pod contains 30, 2-bed prisoner cells."

## **Section H. Review of Detention Facility Conditions:**

## A.1

### Tip!

- The facilities may use different term (i.e., Policies, Standard Operating Procedures), but should be able to provide an indexed binder containing all the policies or show where the policies are available electronically.
- Individual Policies should have a date showing the when they were implemented, and another date documenting the last time the responsible facility manager/administrator reviewed the policy to ensure it remained relevant to the facility's operation.

### A.2

## Tip!

Policies may be communicated to staff in a number of different ways: During staff training; via Post Orders which pertain
to a facility assignment (e.g., Housing Unit Officer), and by allowing staff to have access to the policies from computer
workstations.

# A.6 Contingency/Emergency Plans

## Tip!

- Ensure the facility's contingency plan includes the USMS prisoners housed at the facility.
- Obtain a copy of the contingency plans for incorporation into the District's detention plan.

### B. Health Care

## Tip!

- Pursuant to 45 C.F.R. § 164.512(k) (5), a health care provider may disclose a prisoner's Protected Health Information (PHI) to the USMS or a correctional institution that houses the prisoner.
- The June 10, 2003, memorandum from the Office of General Counsel, regarding the Health Insurance Portability and Accountability Act of 1996, provides more specific information and is available and is available on the USMS/POD/Medical Operations intranet site: (http://intranet.usms.doj.gov/sites/hgs/POD/Documents/hippa.pdf)

## B.1 Intake Health Screening

## Tip!

- Receiving screening is performed on all prisoners on arrival at a facility in order to ensure that emergent and urgent health needs (medical, mental, and dental) are identified.
- Intake Health Screenings may be conducted by health care staff or by health-trained correctional staff.
- Available Compliance Indicators:
- Policy requirement to perform intake health screenings;
- Observe intake health screenings;
- Interview staff to ensure the process for identifying and referring prisoners with medical, mental, or dental needs is known;
- Review medical records to ensure the intake screening was performed.

## B.2 Medical, Dental, and Mental Health Appraisals

### Tip!

- Prisoners receive an initial health assessment as soon as possible, but no later than 14-days after admission to the facility.
- Appraisals may be conducted by a medical professional other than a physician (e.g., Registered Nurse), but the results should be reviewed by a physician.
- Prisoners who have identified mental health problems should be referred to qualified mental health professionals (qualified mental health professional = psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who are permitted by law to evaluate and care for mental health needs).
- Available Compliance Indicators:
- Policy requirement to perform health appraisals within14-days;
- Review medical records to ensure health appraisals are being conducted within 14-days;
- Interview health care staff on the appraisal process to ensure appraisals are being conducted and health needs are identified for follow-up treatment or referral.

# B.3 Access to Routine, Chronic, and Emergency Health Services

# Tip!

- Available Compliance Indicators:
- Does the prisoner's handbook inform the prisoner how they may request medical services (sick call)?
- How often is medical staff available at the facility or on-call to provide medical treatment?
- If medical staff are not available 24/7, are procedures established identifying when emergency medical services (EMS) should be contacted?
- Does the facility have a pharmacy?
- Is the facility's medical staff able to identify the prisoners with chronic/special care needs (i.e., infectious diseases, diabetic, pregnant)?
- Does a review of the facility grievance records indicate a large number (in comparison to the number of prisoners) of complaints regarding heath care? If so, how does the facility account for the number of complaints?

# B.4 Response to Medical, Mental, and Dental Health Needs

# Tip!

- Available Compliance Indicators:
- Are facility staff CPR/First Aid certified?
- Are procedures established to have emergency medical services (EMS) respond to the facility?
- With the exception of emergencies, does the facility clear all outside medical trips with USMS?
- In the event of an emergency medical trip, does the facility immediately notify USMS?

## **B.5** Suicide Prevention

### Tip!

- Available Compliance Indicators:
- Annual staff training logs;
- Approval of the intake screening and mental health appraisal questionnaires by a mental health professional or the state correctionalauthority;
- Written procedures for placing and monitoring prisoner on suicide observation/watch;
- Review of suicide observation cells to ensure furnishings/fixtures are suicide resistant (i.e., no anchor points to tie down on, no obstructions preventing staff observations).

### B.6 Death

# Tip!

- Available Compliance Indicators:
- Does the facility have written procedures to follow in the event of a prisoner death?
- Do these written procedures include immediately notifying the USMS in the event of a USMS prisoner death?
- Do the written procedures require the review of each prisoner death?

## **B.7 Infectious Disease**

## Tip!

- The facility should have written procedures in place for handling and coordinating with the local health department of Tuberculosis, Hepatitis, and HIV.
- Cases of active tuberculosis and chicken pox must be reported to U.S. Marshals Service (USMS)/Prisoner Operations Division (POD)/Medical Management Branch (MMB).

C.6

## Tip!

- USMS Policy 9.17 'Body Searches' requires a search of the prisoner's body and attire upon arrival at a facility, and prior to movement from the facility or to a court appearance.
- Available Compliance Indicators:
- Review the facility's prisoner search policy;
- Observe the intake/discharge search procedures.

## **D.1 Sanitation Requirements**

## Tip!

• Review the most recent food service/health inspection (inspection date should not be greater than one year prior to the date of your review) in order to verify all identified health violations were corrected.

## D.2 Adequate and Varied Meals

# Tip!

- Compliance Indicators:
- Meal menus approved by a dietitian.
- Served meals match the approved meal menus.

# F.1 Fire Safety

#### Tip!

• Review the most recent facility inspection by the Fire Marshal (inspection date should not be greater than one year prior to the date of your review) in order to verify all identified fire code violations were corrected.

# F.2 Control of Dangerous Materials

## Tip!

- Practically all chemicals used to clean the facility's housing areas, food service equipment, prison barber kits, and launder
  prisoner clothing are hazardous to some extent. Because of this, all chemicals being used in a correctional facility should
  have a Material Safety Data Sheet describing the seriousness of the chemical's hazard, and identifying what protective
  measures are required when using the chemical.
- Available Compliance Indicators:
- Hazardous chemicals are kept secure.
- There is an accurate inventory of each chemical.
- Material Safety Data Sheets (MSDS) are available for all chemicals.
- The personal protective equipment (PPE) listed in the MSDS is available.
- Documentation of training on safe use of each chemical.

# F.4 Personal Hygiene

## Tip!

Prisoners should have 24-hour access to an operable toilet and a washbasin with hot and cold running water.

## G.4

## Tip!

- USMS Prisoners should not be assigned to work assignments outside of the secure perimeter of the facility.
- Review/approval of a USMS prisoner's work assignments should be documented by the facility.
- With the exception of keeping their living area clean, working in the facility is voluntary. However volunteer workers should be compensated for work performed in the same manner as the facility's other prisoners.

# G.6 Juvenile Needs

### Tip!

- Does the facility house juveniles?
- Are there restrictions on the types of juveniles the facility will house?

## G.9

### Tip!

A prisoner's access to their defense attorney equals access to legal material/law library.